

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17868

JUN 3 1943

128

Registration District No.

Primary Registration District No.

2000

State File No.

Registrar's No.

400

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Mary E. Jones

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife McLain Jones 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 25, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day hr. min.

9. Birthplace New York City N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business James Abbott

MOTHER FATHER { 12. Name James Abbott
13. Birthplace Salina New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. A. Wooley
15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James McLain Jones
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof May 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 5-25-43 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 643 W. Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1943 hour 4:47 minute A. M.

21. I hereby certify that I attended the deceased from 5-10 1943 to 5-13 1943
that I last saw her alive on 5-13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
shock 4 days
Due to Septicemia
shock
Due to Kidney infection 6 mo.

Other conditions fracture of
(Include pregnancy within 3 months of death)
both hips
Major findings: (over 2 years ago)
Of operations 24a
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work (e) Means of injury
23. Signature W. H. Handley (M. D. or other)
Address Springfield, Mo. Date signed 5-25-43

984 (Licensed Embalmer's Statement on Reverse Side)

X

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harlow Knab

Licensed Embalmer No. *4065*

P. O. Address. *Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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